

282 09/167283

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						51			
102						52			
103						53			
104						54			
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144						94			
145						95			
146						96			
147						97			
148						98			
149						99			
150						100			
TOTAL IND.	1								
TOTAL DEP.	6	↓	↓	↓					
TOTAL CLAIMS	7								

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

**SERIAL NO.**  
**297767283**

**FILING DATE**

<b>CLAIMS</b>					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					

  

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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99					
100					
<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>					